

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 07/2021)				TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.					COURT USE ONLY DUE DATE:						
1a. CONTACT PERSON FOR THIS ORDER Julie Law				2a. CONTACT PHONE NUMBER (415) 445-4009			3. CONTACT EMAIL ADDRESS jlaw@bfalaw.com								
1b. ATTORNEY NAME (if different) Lesley Weaver				2b. ATTORNEY PHONE NUMBER (415) 445-4004			3. ATTORNEY EMAIL ADDRESS lweaver@bfalaw.com								
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Bleichmar Fonti & Auld LLP 1330 Broadway, Suite 630 Oakland, CA 94612				5. CASE NAME In re: Social Media Adolescent Addiction/Personal Injury Products Liability Litigation					6. CASE NUMBER 4:22-md-03047						
				8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input checked="" type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL CJA: <u>Do not use this form; use Form CJA24.</u>											
7. COURT REPORTER NAME (or enter "RECORDED" and start/stop times) Raynee Mercado															
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
10/27/2023	YGR	Motion		●	○	○	○	○	○	○	○	○	●	○	○
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).														12. DATE	
11. SIGNATURE /s/ Lesley Weaver														10/31/2023	

Clear Form

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